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LABORATORY DIAGNOSIS OF ENCEPHALITIS

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The absence or lack of distinguishing clinical characteristics in certain affections of the central nervous system makes it difficult, and frequently impossible, to arrive at a definitive diagnosis on clinical grounds alone, and the aid of certain laboratory procedures is required to resolve the etiology.

Thus, a clinical diagnosis of infection with the viruses of Western equine encephalomyelitis or St. Louis encephalitis requires differentiation from other virus infections such, for example, as anterior poliomyelitis, lymphocytic choriomeningitis, mumps, meningoencephalitis and herpes encephalitis, and the ruling out of such conditions of uncertain, or of definitely non-viral, etiology as von Economo's disease, aseptic meningitis (Wallgren), toxoplasmosis, tuberculous meningitis, early purulent meningitis, typhoid, syphilis, etc. Examination—chemical, bacteriologic, serologic and for cellular content and type—of the spinal fluid assists in differentiating or eliminating some of these conditions but in the residua the final diagnosis rests on identification of the casual agent by specific biological tests.

Conclusive evidence of infection with a virus lies in the isolation and identification of the virus. However, except in cases with a fatal termination, this procedure is not feasible in infections with the Western equine and St. Louis encephalitis viruses since the former has only rarely, and the latter never, been encountered in the blood or cerebrospinal fluid.

SERUM-NEUTRALIZATION TEST

A specific diagnosis of infection with these viruses, therefore, is usually made, or confirmed, by the so-called serum-neutralization test, in which the serum is examined for the presence of antibodies which neutralize, or nullify, the infectivity of the virus for susceptible animals, in this case the mouse. The serum to be tested is mixed with the appropriate amounts of virus and inoculated into mice, and the presence or absence of specific neutralizing antibodies is indicated by survival or death of the animals over a 10-14 day observation period.

Sera submitted to the Division of Laboratories, California State Department of Public Health, from cases of suspected or frank encephalitis are routinely examined for neutralizing antibodies to both the Western equine and St. Louis viruses. Because of the amount of serum required, at least 10 cc., but preferably 15-20 cc., of blood should be sent. Blood should be taken with dry, sterile syringes and *no preservative or anticoagulant* should be employed. Blood should be placed in *sterile containers* and shipped at once. Such containers are provided upon request by the Division of Laboratories. In areas where high temperatures are prevalent, serum rather than whole blood should be sent in order to avoid hemolysis, since sera containing hemolyzed blood are not infrequently toxic for test animals on intracerebral inoculation. *Strict observance of aseptic techniques is necessary in all handling of the specimen.* Even light contamination of the specimen with bacteria may result in nonspecific death of the test animal and while the contaminating organisms can be removed by filtration, there is no assurance that any antibodies present may not, in the interim, have been destroyed by bacterial action.

TWO SERUM SPECIMENS NECESSARY

Two specimens of serum are necessary. The first should be taken as soon as possible after onset of the illness, or when the diagnosis is first suspected, the second 14-21 or more days after the first.

Two serum specimens are required because the laboratory diagnosis depends upon the demonstration of the appearance of specific neutralizing antibodies or of an increase in their titer. Thus, if the acute- or early-phase serum is devoid of antibodies, but these are present in the convalescent- or later-phase serum, one may conclude that they arose as a result of infection with the corresponding virus. If antibodies are present in the early-phase serum, a diagnosis of infection with the virus in question is possible only if it can be shown that the antibody titer of the late-phase specimen is greater than that of the early-phase specimen, i.e., that the patient's antibody titer has been increasing during the course of the illness. It should be noted here that the latter situation is more frequently encountered by the laboratory than is the former. Antibodies may appear as early as one week after onset of the illness and hence may already be present when the patient first seeks medical attention or when the true nature of the illness is first suspected by the physician. Knowledge of the interval between onset of the illness and the time of drawing the blood specimens is valuable to the laboratory since it indicates the type of neutralization test which should be done and obviates the repeated testing often required in the absence of such information. Even under optimal circumstances the time factors associated with collection and examination of the sera are such that the laboratory diagnosis is, of necessity, retrospective, but if undue delay is to be avoided, the *date of onset of the illness should always be given.*

A positive diagnosis can not be made from a single convalescent serum specimen. If antibodies are absent in such a specimen, infection with the corresponding virus can be ruled out, but the converse does not hold. In some areas as high as 25 per cent of the normal population has antibodies to the Western equine virus, and in others over 50 per cent of the normal population has antibodies to the St. Louis virus.

That the etiology of the viral encephalitides in California may be more diverse than hitherto suspected, is possible. (See *California's Health*, May 31, 1945.) Approximately 65 per cent of sera submitted from cases of suspected encephalitis are found to possess no antibodies to either the Western equine or St. Louis viruses. While a certain proportion of these cases may represent conditions clinically indistinguishable from the virus encephalitides, and mistaken for them, it is not inconceivable that another proportion may be due to known viruses whose presence in this section of the country has not been detected, or perhaps even to a virus or viruses as yet unknown. Resolution of the etiology of the encephalitides occurring in California requires that neural tissue from every case possible of fatal encephalitis be examined for the presence of a virus.

OPINION OF THE ATTORNEY GENERAL ON QUESTIONS RELATING TO THE TUBERCULOSIS SUBSIDY

A recent opinion of the Attorney General clarifies questions relating to the awarding of the tuberculosis subsidy, particularly to cities and counties which do not maintain sanatoria. The opinion was given in response to an inquiry from the State Department of Public Health and is quoted below.

"Sections of the Health and Safety Code material to this opinion are as follows:

" '3300. Each city, county, or group of counties may establish and maintain a tuberculosis ward or hospital for the treatment of persons suffering from tuberculosis. Each city, county or group of counties that establishes and maintains a tuberculosis ward or hospital shall receive from the State the sum of seven dollars ($7) per week for each person suffering from tuberculosis, cared for therein at public expense (*or cared for in private hospitals or sanatoriums under contract with the county,*) who is unable to pay for his support and who has no relative legally liable and financially able to pay for his support and who has been a bona fide resident of the State for one year; except that the city, county, or group of counties is not entitled to receive this State aid unless the tuberculosis ward, sanatorium or hospital conforms to the regulations of and is approved by the Bureau of Tuberculosis.'

" '3300a. Each city, county, or group of counties that establishes and maintains a tuberculosis ward or hospital shall receive from the State the sum provided in Section 3300 of this code for each person suffering from tuberculosis, cared for at public expense, in private hospitals or sanatoriums under contract with the city, county or group of counties, who is unable to pay for his support and who has no relative legally liable and financially able to pay for his support and who has been a bona fide resident of the State for one year; except that the city, county, or group of counties is not entitled to receive this State aid unless the tuberculosis ward, hospital or sanatorium conforms to the regulations of and is approved by the Bureau of Tuberculosis.'

" '3301. Counties may contract for the care and treatment of tuberculosis patients through their boards of supervisors, after consultation with the State Department of Public Health, with cities, counties, or groups of counties, who maintain a tuberculosis ward or hospital for the treatment of persons suffering from tuberculosis, which conforms to the regulations of,

and is approved by, the State Department of Public Health, and may receive from the State the tuberculosis subsidy provided by the Health and Safety Code.'

"The only statutory provisions authorizing the payment of State subsidy to cities, counties, or groups of counties for the care of tubercular persons prior to the 1945 amendments were found in Section 3300. Pursuant to the provisions of this section, prior to the 1945 amendments, the then State subsidy of $3 per week for the care of tubercular persons was only available to those cities, counties, or groups of counties that had established and maintained tubercular wards or hospitals for the treatment of persons suffering from tuberculosis. (BS5272.)

"There have been no material changes of Section 3300 since its enactment (1915 Stats., Ch. 766, p. 1530), so far as this opinion is concerned, until the 1945 amendments. (1945 Stats., Ch. 1447.) The 1945 amendments to Section 3300 have been underscored as above set forth.

"Section 3300a is a new section (1945 Stats., Chap. 601.)

"While you do not refer to Section 3301 in your request, the third paragraph of that section above set forth added to Section 3301 (1945 Stats., Ch. 1447) is material to the questions you present.

"Bearing in mind the limitation of the State subsidy prior to the 1945 amendments, it may be readily seen that cities, counties, or groups of counties under the following conditions, which we hereafter enumerate, were not entitled to the then State subsidy:

> "(1) Sparsely populated counties whose few indigent tubercular persons would not warrant the cost of establishing and maintaining tubercular wards or hospitals, but which counties place such indigent tubercular persons in private hospitals or sanatoriums.
>
> "(2) Cities, counties, or groups of counties who had established and maintained tubercular wards or hospitals but were required to place their excess or "over-flow" patients in private hospitals or sanatoriums.
>
> "(3) Counties not having established or maintained tubercular wards or hospitals who placed their indigent tubercular persons in tubercular wards or hospitals established by other cities, counties, or groups of counties.

"The purpose and intent of the Legislature in amending and enacting the above sections which we have set forth was to eliminate the above enumerated conditions. The added phrase provided in Section 3300 by the amendment did not detract from the previous section but added a further condition allowing the payment of State subsidy. This condition is not dependent upon the county establishing tubercular wards or hospitals, but the county which contracts with a private hospital or sanatorium for the care of its indigent tubercular persons is entitled to the State subsidy of $7 per week for each such person suffering from tuberculosis cared for at public expense in such private sanatorium or hospital. This, in my opinion, eliminates the first enumerated condition.

"It is my opinion that the Legislature enacted Section 3300a to eliminate the second condition enumerated, that is, to permit cities, counties or groups of counties whose facilities are not sufficient to care for the increased number of tubercular patients to contract with private hospitals or sanatoriums for the care of such excess of "over-flow" persons, and that those cities, counties, or groups of counties be entitled to the State subsidy of $7 per week for each of such persons.

"The addition of paragraph 3 to Section 3301, in my opinion, was to eliminate the third condition above enumerated, and that counties not having established or maintaining tubercular wards or hospitals for the care of their indigent tubercular persons may contract with cities, counties, or groups of counties who maintain tubercular wards or hospitals. Such counties so contracting are entitled to the State subsidy of $7 per week for each person so cared for under such contract."

RESOLUTION ON SCHOOL HEALTH EDUCATION

At the twentieth annual meeting of the Society of State Directors of Health and Physical Education, held recently in Washington, D. C., the following resolution on health education was passed:

"Whereas there is need to improve the health knowledge and practice of the American people; and

"Whereas as a comprehensive program of health instruction is an essential in meeting this need; and

"Whereas the effectiveness of health instruction depends to a great extent on content and the time available for such instruction;

"Therefore, be it resolved: by the Society of State Directors of Health and Physical Education that schools throughout the country be urged to provide appropriate health instruction in both elementary and secondary schools; and

"Be it further resolved: that such instruction in the secondary schools be given five periods a week for at least two semesters."

STATE CANCER PROGRAMS

A summary of cancer control laws by States has been issued by the Virginia Cancer Foundation, Charlottesville, Virginia.

A cancer commission or bureau is established outside the State Department of Public Health in 12 States: Arkansas, Connecticut, Georgia, Illinois, Massachusetts, Missouri, New Hampshire, New York, Rhode Island, South Carolina, Vermont and West Virginia.

In eight States, administration is in the State Department of Public Health: Alabama, Iowa, Kentucky, Maine, Michigan (appropriation only), Minnesota, North Carolina, Pennsylvania.

Types of program range from the provision of diagnostic and treatment services to programs which are limited to education.

ATTORNEY GENERAL'S OPINION REGARDING DETENTION OF QUARANTINED PERSONS

A health officer may not establish a place of quarantine in a jail ward for anyone afflicted with a communicable disease unless other places of quarantine are not available or upon order of a court ordering one convicted of a crime and suffering from a communicable disease to be so confined.

Reasonable physical force may be employed to prevent a patient from leaving a sanatorium in which he is quarantined.

This is the opinion of the Attorney General rendered in response to a letter from the State Department of Public Health asking the following questions:

> "A patient is quarantined in a sanatorium for the care and treatment of tuberculosis and demands that he be permitted to leave. Can the sanatorium authorities legally restrain him by physical means, or by refusing to give him his clothes?
>
> "Can quarantined patients be placed in a jail ward on order of the quarantine officers?"

The opinion of the Attorney General is quoted below:

"'Tuberculosis'" has been defined by Section 3099 of the Health and Safety Code as "'an infectious and communicable disease dangerous to the public health'." A health officer knowing or having reason to believe that a communicable disease exists within his jurisdiction is required to use all necessary measures to prevent its spread. (Section 2554, Health and Safety Code.)

"To that end the health officer is authorized to quarantine persons afflicted with communicable diseases and enforce all orders, rules and regulations concerning quarantine prescribed or directed by the State department. (Section 2555, Health and Safety Code.) A person committed to quarantine must obey all rules, orders and regulations of quarantine established by the health officer (Health and Safety Code, Section 2562) and may not go beyond the premises of the established place of quarantine. (Health and Safety Code, Section 2563.)

"The sanatorium authorities, being responsible to the health officer for the care and confinement of such quarantined patients, may release such patients only upon order of the health officer who established the quarantine or by order of court. To meet this responsibility the authorities of the sanatorium may adopt such reasonable and necessary preventive measures to obstruct all means, avenues or opportunities a patient might use to violate his quarantine. If the refusal to return the clothing of a patient upon his demand is a measure adopted to prevent his escape from or unlawful leaving of the sanatorium, such measure may be deemed reasonable.

"The demand of a patient for his clothing is not of itself an unlawful act and does not constitute a violation of his quarantine. No person, upon a mere demand or threat of the patient, would be authorized to employ restraint upon the person of the patient. (*Neves* v. *Costa*, 5 Cal. App. 111, at 117; 12 So. Cal. L. Rev. 373.) Should a patient persist in his demands, and without the consent of the authorities of the hospital leave, or attempt to leave the sanatorium, reasonable physical force could be employed to prevent him from doing so.

"In answer to your second question the health officer may exercise his discretion in establishing the place of quarantine as required of him by Section 2556 of the Health and Safety Code. Such health officer is not authorized to place a patient in a jail ward as a form of punishment. Any penalty or punishment to be meted out to a patient for the violation of his quarantine is within the jurisdiction of the courts alone. A person confined by reason of a communicable disease may not be considered in the same light or status as one who is confined by reason of having been convicted of a crime. Persons who are subject to quarantine are not criminals and are to be treated with every consideration and afforded conveniences reasonably practicable under the circumstances. (*In re Milstead*, 44 Cal. App. 239 at 242.)

"In our opinion (4 Ops. Atty. Gen. 146) we held that a health officer may quarantine a person in a jail if there is no other available place of establishing a quarantine. It is therefore my opinion that a health officer may not establish a place of quarantine in a jail ward for one afflicted with a communicable disease unless other places of quarantine are not available or upon order of a court ordering one convicted of a crime and suffering from a communicable disease to be so confined."

INDUSTRIAL HYGIENE PAMPHLETS

Methods for controlling hazards involved in the industrial use of chlorine are described in a bulletin issued recently by the Division of Labor Standards, U. S. Department of Labor. Entitled "Chlorine," the leaflet outlines proper handling and storage of chlorine, describes its physiological action, and recommends safety and first aid measures.

Another new pamphlet by the same agency suggests safe practices which would cut down the incidence of accident and injury among office workers. Its title is "Is This Trip Necessary?"

Both publications are obtainable from the Superintendent of Documents, Government Printing Office, Washington 25, D. C. Cost of "Chlorine" is 10 cents per copy while single copies of "Is This Trip Necessary?" sell for 5 cents.

"Even after demobilization is complete, we shall probably need about 30,000 more physicians than before the war, primarily because of the requirements of the Veterans Administration (about 15,000 physicians) but also because of the needs of the peacetime Navy (about 5,000) and the Army plus possibly a compulsory military training program (about 10,000)."—Report of the Council on Medical Education and Hospitals, American Medical Association.

GRAND JURY INDICTS FOUR "PRACTITIONERS" ON EVIDENCE GATHERED BY STATE AGENCIES

Four persons in Long Beach have been indicted by the grand jury for criminal conspiracy on evidence collected by four State agencies, the Bureau of Food and Drug Inspections of the State Department of Public Health, the Department of Justice, the State Board of Pharmacy and the State Board of Medical Examiners.

The individuals are charged with criminal conspiracy to violate the Health and Safety Code in falsely advertising various drugs and in representing certain drugs as having an effect on certain diseases, with operating a clinic without a license, in practicing medicine without a license, and for violation of the Chiropractic Act in the prescribing of drugs.

One of the persons, a chiropractor, is the owner of what was known as the Metropolitan Health Institute. Three other persons who were called doctors but were not licensed gave "health" lectures at the institute which was located on the Pike in Long Beach.

Essentially, the institute was a medicine show. Drugs, principally laxatives, were sold under fancy names for fancy prices. It was claimed that these drugs would cure such disorders as arteriosclerosis, Bright's disease, cholecystitis, gallstones, heart and vascular diseases, high blood pressure, dental caries, nephritis, prostate gland disorders, pyelitis, sexual impotence, sinus infection, uremia, ulcers of the stomach and varicose ulcers.

The purchaser of the nostrum would be given a certificate at the time of the purchase entitling the purchaser to a free consultation at the clinic. The chiropractor, who owned the business, made the examinations and diagnosis at the clinic. He prescribed the same drugs for the same disorders as had previously been recommended by the spielers.

It is estimated that 80 to 90 per cent of the patients were over 60 years of age.

If a conviction is secured in the case, it should have a salutary effect in helping to eliminate bogus "clinics" and "health centers" throughout the State.

LOS ANGELES CENTER CONDUCTS RESEARCH

The Los Angeles Rapid Treatment Center has been selected by the United States Public Health Service as one of the institutions to conduct research in the treatment of neurosyphilis with penicillin and fever therapy.

Dr. Udo Wile is in charge of the National research and Dr. John F. Flynn is in charge of the work at the Los Angeles Center.

REPORT ON PSYCHIATRIC SERVICE OF SAN FRANCISCO CITY CLINIC

A report entitled, *An Experiment in the Psychiatric Treatment of Promiscuous Girls*, covering the program conducted by the Psychiatric Service of the San Francisco City Clinic from January, 1943, to June, 1944, has been published recently by the United States Public Health Service.

Authors of the report are Ernest G. Lion, M.D., director of the Psychiatric Service; Helen M. Jambor, chief psychiatric social worker; Hazle G. Corrigan, assistant psychiatric social worker; and Katherine P. Bradway, Ph.D., psychologist. Copies of the report can be obtained from the San Francisco City Health Department. An abstract follows.

A demonstration of the application of psychotherapy and psychiatric case work to problems of wartime venereal disease control has been undertaken by the Psychiatric Service of the San Francisco City Clinic. This project was set up as a cooperative experiment under the auspices of the United States Public Health Service, the California State Department of Public Health, and the City and County of San Francisco Department of Public Health, providing for research and treatment of promiscuous girls in direct connection with a venereal disease clinic.

The chief objectives of the service were to determine the personality and environmental factors that motivated the promiscous behavior of the girls referred and to determine to what extent psychiatric treatment might be effective in assisting them to make satisfacory adjustments, thus removing the likelihood of their behavior leading to the dissemination of venereal disease. The project was set up as a preventive measure in venereal disease control through social redirection.

The study was primarily a clinical investigation from psychiatric, psychiatric social, and psychological approaches. Social histories were secured on all patients. Psychiatric examinations were conducted routinely. Psychological studies including intelligence testing and Rorschach investigations were done on selected patients.

In the absence of a definition of promiscuity which could be used objectively, an arbitrary criterion was set up. The period of time considered was the six months immediately preceding registration in the service. Promiscuous patients included married women who had engaged in any extramarital sexual relations within that period and single women who had had sexual relations with more than one man or with one man more than twice within the same period. Prostitutes were not included.

An analysis was made of 365 female patients, of whom 287 were classified as promiscuous and 78 as

potentially so. Eighty per cent were White, the remainder chiefly Negro. The average age was 20.

Referral of patients to the service was chiefly from the venereal disease clinic, although other community agencies referred a limited number. Female patients in the clinic who were 22 years of age or younger were referred routinely, and those over 22 who were considered by a member of the medical or nursing staff of the clinic to be in need of service were admitted by special referral. The attendance of the patients at the Psychiatric Service was voluntary.

An extensive descriptive and historical work-up including both social and personal factors was made for each patient to determine whether some distinguishing characteristics might be found for promiscuous women. No single factor was found which would in itself either denote promiscuity or exclude it, but rather a nonspecific etiology was found. Unsatisfactory familial relationships, often marked by broken homes, and unstable interpersonal relationships were among the basic factors which, while not predetermining promiscuity, occurred frequently enough to suggest a direct relationship to promiscuous behavior. Sex instruction which the patient had received was usually described as being inadequate and unscientific. Conflicts of various types with reference to sex were seen in a majority of patients. Uneven development in physical, emotional, and social maturity within the individual patients was usually noted. The occurrence of neurotic tendencies was frequent and there were suggestions that promiscuity might be considered as a neurotic equivalent in some cases. Environmental factors such as unsatisfactory living conditions, the absence of community ties, and the making of casual friendships were often found to have contributed to the promiscuous behavior.

Slightly more than one-half of the promiscuous patients were found to be habitually so. In addition, there were groups who had sexual relations on a sustained affectional basis or on an episodic basis. Some patients could not be classified as to the degree of promiscuity.

Among those who were habitually promiscuous, one-half fell into the conflictual group, whose promiscuity was the result of intrapsychic conflicts which were often in the sexual area. Nearly one-fifth were in the dependent group, whose promiscuity was an outgrowth of immaturity and undue reliance on others. Another one-fifth were in the maladapted group, whose sexual behavior was just one example of the activities which are characteristic of the unstable patient who lacks social responsibility and self-restraint. A small percentage fell into the nonconflictual group, whose promiscuity seemed to present no conflicts within the patient or between her and her social group.

The response of the patients to the service offered varied. No significant differences were found as to the use of service on the basis of age. In general, the proportion of patients who took advantage of the services increased as the intelligence level rose. When groups of patients of similar intelligence in the different racial classifications were compared, no significant differences in the use of service were apparent. Approximately one-sixth of the patients availed themselves of intensive, prolonged treatment. An additional one-half of the patients utilized consultative service. Slightly more than one-third were not interested in service.

Changes observed in patients during the course of treatment suggested that they had benefited from the services given and in particular had reduced their promiscuity. Only 40 per cent of the patients given service could be successfully followed up after six months. The number was too few for conclusive deductions, but among those successfully followed up, 90 per cent were less promiscuous and 50 per cent had entirely ceased sexual relations outside of marriage.

The experience in this project indicates that, for the greater part, services can be used by this group of patients only if they are readily available in direct connection with the venereal disease clinic. The association of the Psychiatric Service with a venereal disease clinic thus provided a unique opportunity to reach patients who do not otherwise avail themselves of the services of community agencies, or in fact as a group are not reached by other agencies. Of particular importance has been the availability of service to patients in meeting the emotional experience associated with venereal disease at a time when anxiety has been aroused by the presence of or probability of venereal disease.

It was concluded that psychiatric facilities can be used advantageously in connection with a venereal disease clinic to decrease, modify, or eliminate promiscuity and resultant venereal disease among a suitable group of female patients who have been carefully selected and who voluntarily make use of treatment service. In addition it was recommended that psychiatric treatment should be made available to promiscuous male patients who are in need of counseling.

Fifty per cent of all patients with poliomyelitis make complete recovery, 29 per cent are left with a mild weakness, 18 per cent have a permanent handicap and only 3 per cent die of the disease. Proper medical care helps restore functions of weakened muscles and reduces the need for crutches and braces. —National Foundation for Infantile Paralysis.

LOCAL REGISTRATION OF PERSONS ENGAGED IN CLEANING CESSPOOLS AND SEPTIC TANKS

Following numerous violations of sanitary laws by men engaged in cleaning cesspools and septic tanks, the State Legislature enacted Chapter 1015, Acts of 1945, which provides for annual registrations with local health departments of all persons engaged in this business.

The registrations are renewable each year but are revokable at any time. Persons who engage in the business of cleaning cesspools and septic tanks without being registered in the area in which they work are subject to prosecution.

Administrative procedures for the enforcement of the act, which became effective on September 15th, have been worked out by the State Department of Public Health and local health departments. Applications and registrations are on forms prepared by the State department. Although registration is definitely on a local basis, it obviously is important that procedures follow the same pattern in all localities and that the program works uniformly throughout the State.

Registrations are issued only after the local health department ascertains that the equipment used and the place and manner of disposal are satisfactory, that the operator is familiar with sanitary laws and practices and that his record and reputation justify his registration. Among other things, the capacity of tanks used for hauling the cleanings is taken into consideration. Local sealers of weights and measures are cooperating with health departments in this matter.

It is believed that the new program will correct within a comparatively short time most of the faulty practices which have prevailed.

HOME ACCIDENTS OUTNUMBER WAR CASUALTIES

Accidents on the home front took a greater toll in the number killed and injured than war casualties during the period from the attack on Pearl Harbor on December 7, 1941, to V-J Day on August 14, 1945.

According to statistics released by the National Safety Council, total war casualties in the Army and Navy were 1,070,524 including 261,608 killed; 651,911 wounded; 32,811 missing; and 124,194 prisoners.

From Pearl Harbor to V-J Day there were 355,000 killed by accidents on the home front and 36,000,000 injured including 1,250,000 cases involving some permanent disability.

There were 66,000 workers killed on the job. Deaths in traffic numbered 94,000 and 118,000 were killed at home.

THE DURATION CONTINUES

The Attorney General has ruled that duration clauses in Califonia statutes such as "cessation of hostilities," "termination of hostilities," "cessation of war," "termination of war," etc., are operative and the statutes are still in full effect until a proclamation by the Governor or by the President or a resolution by Congress or of the Legislature establishes the date of their termination or unless the Legislature amends or repeals them.

MAINTAINING A HEALTHY PUBLIC OPINION

Public officials should work in glass houses according to Byron Price, World War II Director of Censorship, writing in the Summer issue of *Public Opinion Quarterly* on the subject, "Maintaining a Healthy Public Opinion."

Following is an excerpt from Mr. Price's article:

"Democratic governments which lose the common touch cease speedily to be democratic governments. The public official must work in the open if he is to contribute his part to the formation of sound public opinion. Not only his policies and his decisions, but the reasons for them, must be regarded as essentially public property. He must keep himself in a position to reply promptly and in understandable words when he is asked for information. He must think of himself for what he is, a public servant. He need not be timid or obsequious, but unless he really serves, he is not a good servant.

"In brief, public officials discharge their duties in the scheme of our democratic system only if they take the very broadest view of their public relations. This is a topic about which books could be written, but so much is self-evident: The effective conduct of public relations does not consist in hiring a good press agent. Every official act is public relations, and good administration is in itself the best brand of public relations. Every visitor, every letter is public relations. The most enterprising press agent this side of Heaven can not save from a just public wrath the official who does his thinking in the closet, and neglects the golden opportunity of contact and discussion with the people, who are the authors and progenitors of public opinion."

INCREASE IN ENCEPHALITIS

From June through September there was a rapid increase in the incidence of encephalitis with 203 cases reported as compared with 23 cases reported from January through May. More than 85 per cent of cases reported in the four months since June have occurred in three San Joaquin Valley counties. They are: Kern, 91 cases; Fresno, 50 cases; Tulare, 33 cases.

HOUSING APPRAISAL METHOD ENDORSED

The National Association of Housing Officials has endorsed the method of appraising housing quality devised by the Committee on Hygiene of Housing of the American Public Health Association and is urging housing authorities to consider the undertaking of surveys by its techniques in cooperation with health departments, planning commissions or similar bodies.

A discussion of the nature and uses of the method by the technical secretary of the committee, Mr. Allan A. Twichell, was published in the June issue of the American City magazine. Reprints can be obtained without charge. The method is described in detail in the publication, "An Appraisal Method for Measuring the Quality of Housing; a Yardstick for Health Officers, Housing Officials and Planners," obtainable from the Book Service of the American Public Health Association. The price is $1.

EMIC WILL CONTINUE FOR SOME TIME AFTER PROGRAM IS DECLARED ENDED

With the cessation of the war, it was thought that cases under the Emergency Maternity and Infancy Care program would soon decrease. Since it is now doubtful that a formal declaration of the end of the emergency will soon be made, and since EMIC will continue for six months after the declaration, it appears that health departments for some time will continue to administer medical and hospital services to wives and infants of servicemen.

Under the policies of eligibility, all cases whose pregnancy occurred at the time the man was in the armed services and prior to the termination of the program will be accepted for care. Infants will also be eligible if the father at any time during the infant's prenatal life was in the armed services prior to the declaration of the end of the emergency. This, in effect, means that the EMIC program will taper off gradually as men are discharged but that it will continue to be in effect, principally for infant care, for a period from 18 to 21 months after the formal closing of the program which will occur six months after the emergency is declared at an end.

There were 3,126 women and 286 infants admitted to EMIC care during September. A total of 67,636 women and 4,580 infants have been admitted to care since the program was started in California in July 1943. Expenditures since the start of the program have totaled $5,044,910.63.

More fatal firearms accidents occur in November than in any other month. Of every 11 fatal firearms accidents, six occur at home.—*National Safety Council.*

BLOOD BANK EXTENDS PROGRAM IN BAY AREA

The Irwin Memorial Blood Bank in San Francisco has announced a plan to make whole blood and plasma quickly available in communities in the Bay area.

Through use of a mobile unit, the bank will collect blood in nearby communities. The blood will be typed and processed in the blood bank and the amount collected will form a credit in the bank against which blood or plasma can be obtained for any person in the community upon request of a physician or a hospital.

Cost to the individual is the actual cost to the bank for collection, processing and transportation and is $7.50 a unit instead of the customary charge of $50 to $75.

Civic agencies and clubs are urged to promote group donations to start community accounts in the bank. Arrangements should be made through the Irwin Memorial Blood Bank, 2180 Washington Street, San Francisco. The bank is sponsored by the San Francisco County Medical Association.

SEX DIFFERENCES IN MORTALITY TRENDS

An analysis of sex differences in mortality trends is published in the September, 1945, issue of the *Statistical Bulletin* of the Metropolitan Life Insurance Company.

Among industrial policyholders, age-adjusted death rates dropped 43 per cent among white females as against a decline of 26 per cent among white males between 1921-1923 and 1941-1943. The comment is made that the greater improvement among females reflects essentially the more favorable trend in this sex for most of the important causes of death.

White males showed an increase in mortality in four conditions which are listed below, together with the percentage of decrease among white females.

Cause of death	*Per cent of increase or decrease*	
	Males	*Females*
Ulcer of the stomach	+37	—53
Ulcer of the duodenum	+72	—17
Chronic heart disease	+ 5	—17
Cerebral hemorrhage and paralysis without specified cause	+13	— 6

The only increase in mortality among white females was in diabetes mellitus, 21 per cent. In males there was a decline of 9 per cent in deaths from this cause.

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